

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14956**

FILED APR 20 1953

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MACON					
b. CITY (If outside corporate limits, write RURAL and give township) MACON		c. LENGTH OF STAY (In this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) MACON		0611			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 54 S. RUBEY				d. STREET ADDRESS (If rural, give location) 54 S. RUBEY					
3. NAME OF DECEASED (Type or Print) ROBERT		b. (Middle) EVERETT		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1953			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOVEMBER 14, 1872			
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY CITY FIRE DEPT.		11. BIRTHPLACE (City and State or Foreign Country) New Canaan, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM E. JONES		13b. MOTHER'S MAIDEN NAME SARAH MORRIS		14. NAME OF HUSBAND OR WIFE RHODA JONES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-26-9910		17. INFORMANT'S SIGNATURE OR NAME LLOYD E. JONES		ADDRESS MACON, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis - Lateral Sinus Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Sinusitis DUE TO (c) Common Cold 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Grade II Hypertension				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 wks 3 wks ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 470X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/29/53 , 19 53 , to 3-30 , 19 53 , that I last saw the deceased alive on 3/29/53 , and that death occurred at 6:45 A. m., from the causes and on the date stated above.									
23a. SIGNATURE A. L. Nierderer, Jr.				23b. ADDRESS MACON		23c. DATE SIGNED 4/1/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) MACON, MO.			
DATE REC'D BY LOCAL REG. 4/6/53		REGISTRAR'S SIGNATURE Paul McNeely		FUNERAL DIRECTOR'S SIGNATURE WINNER Home For Funerals		ADDRESS MACON MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 12 1962

RECEIVED 4.18.63
MACON COUNTY HEALTH DEPARTMENT
County File No. 453.81
Date Filed 4.15.63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4005

P. O. Address Macon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.